

CRITERIA FOR PRIOR AUTHORIZATION

Anti-emetics - Cannabinoids

PROVIDER GROUP Pharmacy
Professional

MANUAL GUIDELINES All dosage forms of the following drugs require prior authorization:
Dronabinol (Marinol®, Syndros®)
Nabilone (Cesamet®)

CRITERIA FOR PRIOR AUTHORIZATION: (must meet all of the following)

- Patient must have one of the following diagnoses and meet all of the corresponding criteria relating to that diagnosis:
 - Intractable nausea and vomiting associated with cancer chemotherapy, AND
 - Patient must have experienced an inadequate response after a trial of conventional antiemetic treatment (i.e.5-HT3 receptor antagonists, Anticholinergics, Antidopaminergics, etc.) at a maximum tolerated dose, OR have a documented intolerance or contraindication to the conventional antiemetic treatments.
 - Must be prescribed by or in consultation with an oncologist
 - Anorexia associated with weight loss in patients with AIDS (**Dronabinol (Marinol®, Syndros®) only**), AND
 - Must be prescribed by or in consultation with an HIV specialist
- Dose must fall within the below dosing limitations:
 - **Dronabinol (Marinol®, Syndros®)**: less than or equal to 30mg/day
 - **Nabilone (Cesamet®)**: less than 6 mg per day

CRITERIA FOR RENEWAL: (must meet one of the following)

- Patients with a diagnosis of AIDS wasting must have maintained or increased BMI compared to baseline
- Patients with nausea associated with cancer chemotherapy must have experienced a reduction in the frequency or severity of nausea associated with cancer chemotherapy

LENGTH OF APPROVAL 6 months

DRUG UTILIZATION REVIEW COMMITTEE CHAIR

PHARMACY PROGRAM MANAGER
DIVISION OF HEALTH CARE FINANCE
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

DATE

DATE

**** This criteria combines and supersedes all previously approved criteria for the above listed products ****